

Working conditions to blame for wide gaps in workplace health

Introduction

Health gaps between Europe's workers are widening. Working conditions play a big part in the inequalities found between men and women, manual and non-manual workers, or young and older workers.

The physical hazards of work – be they toxic chemicals, unsuitable work equipment or noise and dust levels – spread the risks very unevenly. Work organization, moreover, includes a set of intangible factors like monotonous tasks, discretion over how to perform the job, the ability to pace one's own work and/or take breaks.

Workers' terms of employment also play into the factors already mentioned. A growing number of workers, especially young people, are in precarious jobs which may fall into specific legal categories, like agency or fixed-term contract work. Part-time jobs, meanwhile, are taken predominantly by women (see also Chapter 2), and this form of work tends to offer less discretion in terms of work organization, as well as poorer career prospects.

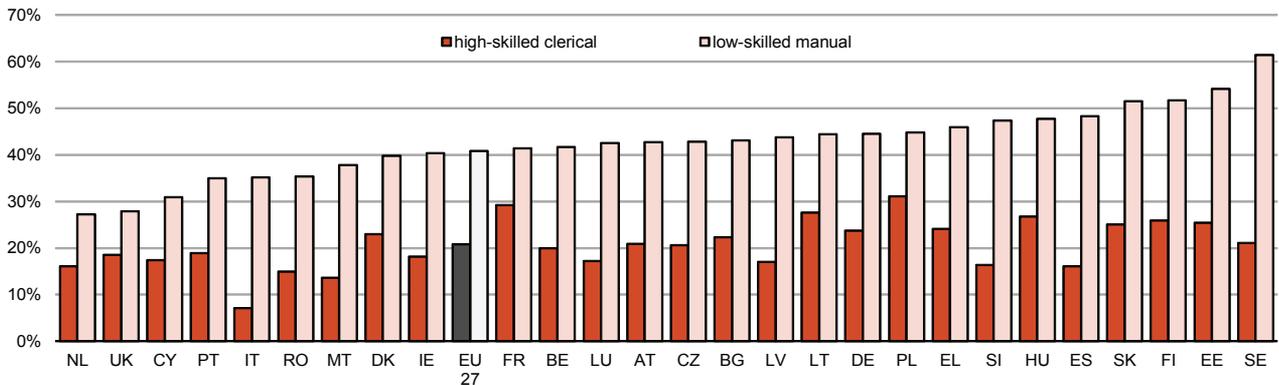
This section takes a condensed look at selected data from the fifth European Working Conditions Survey (EWCS) (2012) carried out by the European Foundation for Improvement of Living and Working Conditions. Rather than limit the examination of findings to a review of national averages which tend to smooth out inter-group differences, the choice has been made, in order to focus on the dimension of inequality in working conditions, to point up some salient differences between manual and non-manual workers, between different skill levels, and between men and women.

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Physical factors in working conditions

Figure 9.1 Physical factors: 'Are you exposed at work to noise so loud that you have to raise your voice to talk to people?' Percentage of respondents answering 'Yes, at least a quarter of the time'



Source: European Foundation for the Improvement of Living and Working Conditions (2012).

Traditional risks affect mostly blue-collar workers

The risk represented by excessively loud noise levels unsurprisingly shows the lowest-skilled workers to be most exposed. But the gaps are not the same in all countries. The widest gaps between low-skilled manual workers and highly-skilled non-manual employees (Figure 9.1) are found in Sweden (more than 40%), Spain (32%) and Slovenia (31%), while inequalities are less wide in the UK (9%) and the Netherlands (11%).

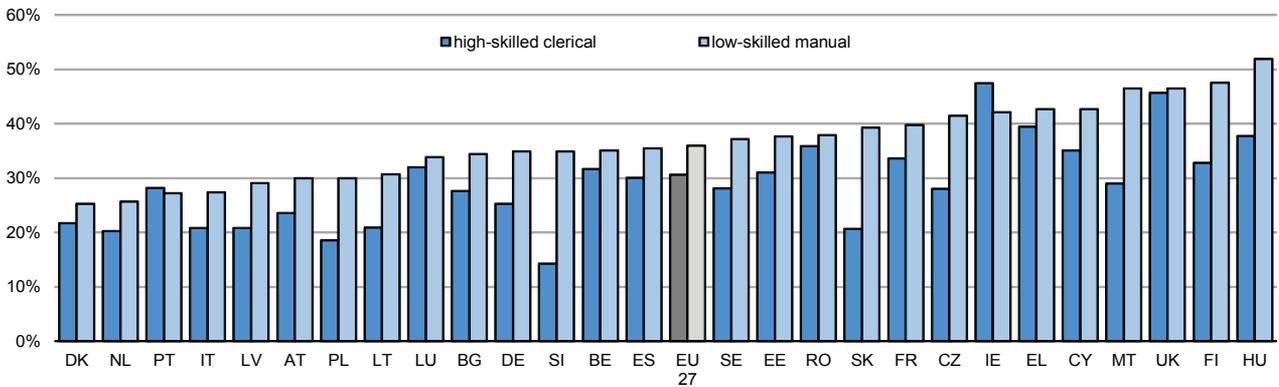
Generations-old traditional hazards are still putting the health and lives of many workers at risk: noise, vibration, working with dangerous chemicals, lifting people, painful positions, moving heavy loads, etc. This finding by the European Survey is borne out by many national surveys. While the impact of some of these risks – like workplace accidents – can be seen immediately, the implications of others are longer-term. The effects of hazardous chemicals on workers' health, for example, contribute to a highly unequal distribution of cancers in the population.

Physically dangerous exposures tend to increase with non-standard jobs and they more systematically affect young workers. There is a higher frequency of accidents at work among temporary agency workers. Working in very small companies tends also to increase the accident rate, mainly for fatal accidents which are better registered. From the point of view of working conditions, smaller is rarely better.

For all physical risk factors, the scores for male workers are higher than those obtained for women. This result is linked with gender segregation between occupations and sectors, and particularly with the strong male presence that is a feature of construction labour and manufacturing. A trend showing a reduction in risks with increasing age can be observed and this suggests that high exposures to physical risks result in the loss of employment: there is a probably a very strong 'healthy worker' selection effect in the 45-65 age group.

Work intensity

Figure 9.2 Work intensity: percentage of workers exposed to more than three constraints



Source: European Foundation for the Improvement of Living and Working Conditions (2012).

Figure 9.3 Adverse health effects of work intensification

- Increased stress and associated psychological disorders (general fatigue, insomnia, depression, irritability, etc.).
- Psychosomatic problems which significantly exacerbate many physical disorders.
- A significant rise in a set of pathologies classed together as 'musculoskeletal disorders'.
- Work intensity is also a factor in work-related accidents. 'Rush' work does not always leave scope for coping with unforeseen circumstances.

Work intensity

The major change in 20 years: working more intensively

The intensification of work has been the major continuous trend during the twenty-year period covered by European Working Conditions Surveys. Work intensity can be linked to various factors concerning which the Working Conditions Survey sought to enquire: direct control by the boss; production-related pressure (industrial constraints from machinery use); commercial constraints from customers or users. Work intensity can also be induced by workplace division-of-labour arrangements (intensity determined by colleagues' work) or management methods (production targets or performance goals). Work organization is thus evolving towards a commingling of constraints. A growing share of workers – 36% of the lowest-skilled manual workers and 30% of the highest-skilled non-manual employees – is subject to more than three different constraints (see Figure 9.2). The gap between the two groups is particularly wide in Slovenia, Slovakia and Malta, but low or reversed in Ireland, the UK and Portugal.

A strong link emerges between work intensity and poor physical and psychological working conditions. The combination of these elements serves to define the overall workload. For instance, analysis of the working conditions of cleaners gives strong evidence about the combined impact of three different factors: work intensification resulting from competition between specialized subcontracted companies, physical constraints linked with uncomfortable postures, and the social invisibility of their work. Workload is a determining factor in workers' health (see Figure 9.3). It is also an aspect of work organization on which prevention policies are very half-hearted and generally ineffective.

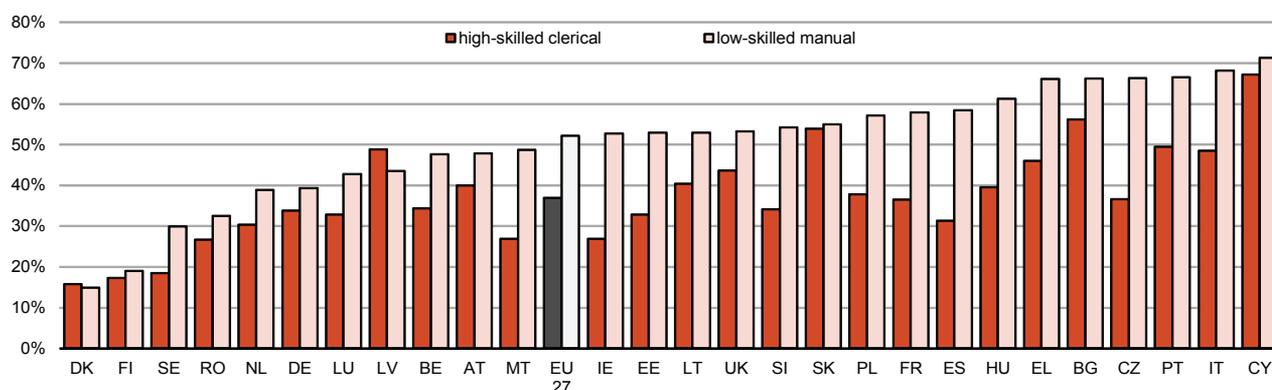
Workload is a very complex issue involving both physical and intellectual effort, as well as psychological and emotional involvement. It is very much bound up with the individual's control over how he or she performs tasks, with forms of cooperation between individuals and their colleagues, with support provided through training and information, with the suitability of work equipment for the job to be done, etc.

Generally, there has been a sharp rise in work intensification in recent years. Work intensity can also be a major factor in the exclusion of ageing workers in particular. For women who have difficulties in juggling gainful employment with unpaid domestic responsibilities, it may act to exclude them from paid work, or to segregate them in part-time work.

Monotonous and repetitive work tends to exacerbate the harmful effects of work intensification.

Work organisation

Figure 9.4 Work organization: level of autonomy among teamworkers (according to composite index: 0 = complete autonomy; 100 = no autonomy)



Source: European Foundation for the Improvement of Living and Working Conditions (2012).

Poor balance between workload and autonomy

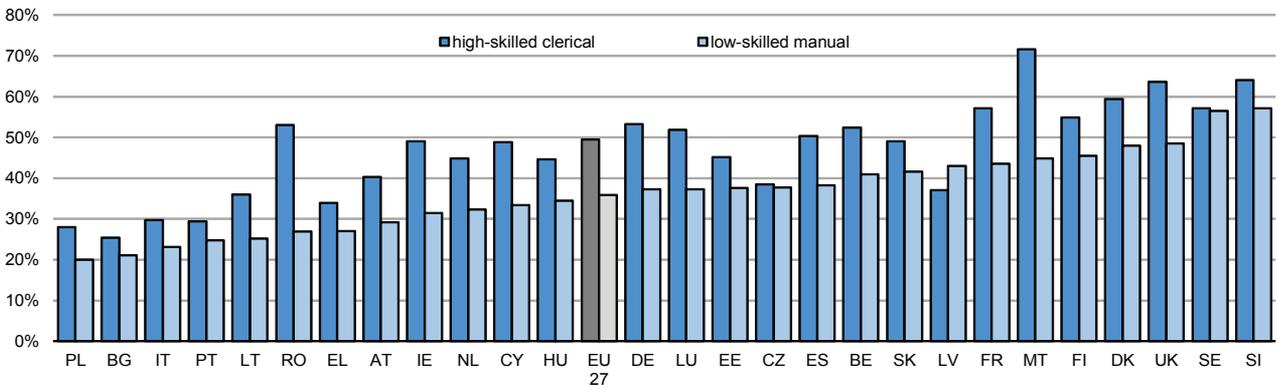
The EWCS measures workers' autonomy in terms of a composite index based on workers being able to divide up tasks and appoint a team leader (see Figure 9.4). This question, naturally, was addressed only to people who work in a team. A low level of autonomy was found among 52% of the lowest-skilled manual workers and 37% of the highest-skilled non-manual employees. The all-EU gap between these two categories is 15%, ranging from nearly 30% in the Czech Republic, 27% in Spain and 26% in Ireland to very low or reversed levels in Latvia, Denmark, Slovakia and Finland.

Different models have been proposed to understand the pathway via which work affects health. Such models effect a combination of the demands (linked with workload) and the level of job control or autonomy. Compensation for the negative effects of a heavy workload may be found in the existence of a strong degree of autonomy and/or social support. The only way to measure the overall impact on health is by cross-referencing two sets of criteria: one on

discretion or the degree of control over work, the psychological demands of work and support from colleagues; the other concerning the potential mismatch between effort and reward. These criteria have been shown to be relevant, complementary, and to some extent responsible for wide gaps between occupational categories in areas as diverse as cardiovascular disease mortality and musculoskeletal disorders.

Presenteeism

Figure 9.5 Presenteeism: 'Over the past 12 months, did you work when you were sick?' Percentage of respondents answering 'Yes'



Source: European Foundation for the Improvement of Living and Working Conditions (2012).

Presenteeism: a major threat for women

In 2010, the European survey asked an unprecedented question: 'Over the past 12 months, did you work when you were sick?'. The positive response rate is high: 40.3%, peaking at above 50% in Denmark, the UK and Malta. In this respect, the highest-skilled non-manual workers fare less well than manual workers. Only Latvia bucks the trend, and the gap is next to nil in Sweden and the Czech Republic.

Generally speaking, women are more often affected by this form of pressure than men (41% versus 37%). The gender gap is particularly pronounced (i.e. over 5%) in eight EU countries, namely, Belgium, Germany, Latvia, Lithuania, Hungary, Luxembourg, Slovenia and Slovakia.

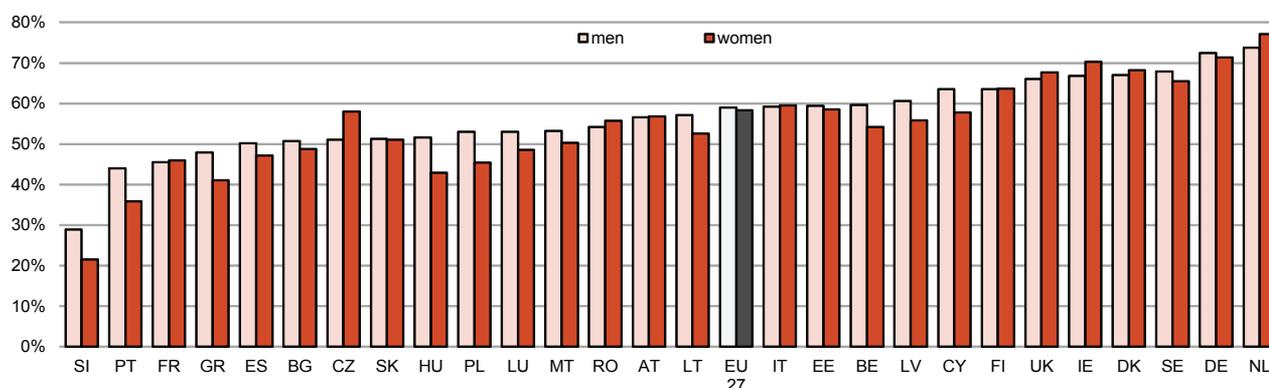
There is a traditional focus of working conditions research on absenteeism. Social security statistics provide systematic data. Presenteeism – turning up for work even when sick – has never been paid much attention in surveys of working conditions (questions about presenteeism were introduced only in the 2010

questionnaire, i.e. were absent in the surveys from 1995 to 2005). Presenteeism may stem from pressure of different kinds. In some cases, the social security system (see also Chapter 5) may work against sick workers by slashing their incomes and thus, in some countries, by forcing the workers to be present at work despite medical problems, as they cannot afford the risk of losing their pay or their jobs. Company policies may limit the amount of time off allowed for sickness and workers with perceived poor health may be more at risk in planned layoffs. Furthermore, the way work is managed may mean that co-workers are required to pick up the slack for a sick colleague, as is fairly common among hospital nurses.

Presenteeism is a predictive factor for future sick leave or for complete exclusion from the labour market. Exhaustion and presenteeism have been found to be reciprocal: when employees experience exhaustion, they mobilize compensation strategies but these ultimately serve only to increase their exhaustion.

Sustainable work

Figure 9.6 Work sustainability: 'Do you think you will be able to do your current job when you are 60 years old?' Percentage of respondents answering 'Yes, I think so'



Source: European Foundation for the Improvement of Living and Working Conditions (2012).

Will you hold out until you reach 60?

The effects of working and employment conditions build up over life. The Eurofound survey (EWCS 2010) measures perceptions of that impact with the question: 'Do you think you will be able to do your current job when you are 60 years old?' The answers suggest that the long-term health effects of work give far more cause for concern than its immediate impact (Figure 9.6).

Just under 60% of workers in the EU answered 'yes', but this average varies hugely depending on position on the job ladder. Most lowest-skilled manual workers do not see themselves still doing their jobs at the age of 60 – just 44% think they can hold out for that long. Matters are little better among the highest-skilled manual workers, only half of whom think they will be able to continue in the same job after hitting 60. For the lowest-skilled non-manual workers, the percentage is higher at 61% and up to 72% among the highest-skilled non-manual workers – an undeniably better situation for white-collar than blue collar workers – but still not perfect. The all-EU gap between the lowest-skilled manual workers and highest-skilled non-manual workers is 27.6%, but

tops 30% in Austria, the Czech Republic, Spain, France, Italy and Luxembourg.

Women who predominantly work in jobs and sectors where the immediate consequences of work are less visible and more important in the long run lose any working lifetime advantage over men. They are more tightly controlled at work: fewer women than men can take a break when they want, or have prospects for career advancement, and women more often have to bottle up their feelings at work than their male colleagues. While women have an advantage in the immediate impact of their employment conditions (due to their segregation in activities with less accidents or physical risks), they lose this advantage in the long term due to several factors such as less autonomy, much more unpaid work, more psychosocial risks, etc. Women, in other words, tend to be exploited both at work and in the family while men are more likely to be exploited at work only. This combination of factors helps explain why the percentage of women who think they can hold out working until the age of 60 is ultimately close to that of men. What lies behind this average? The gender gap is wider than 5% (to the detriment of women) in seven EU countries – Belgium, Greece, Cyprus, Hungary, Poland, Portugal and Slovenia – but more favourable to women in the Czech Republic, the Netherlands and Ireland (with a variation of at least 3% more positive responses than men).

Conclusions

Harmonization of working conditions: still a central challenge for EU policies

The upward harmonization of living and working conditions has loomed large on the agenda since the founding of the European Community. The Treaty of Rome reflected a naive belief that market forces would provide for this goal, by assuming that upwards harmonization would be achieved through two forms of development: on the one hand, the mere operation of the common market; on the other hand, the implementation of specific policies within the limits set at the time. By the 1970s, the cracks in this approach were beginning to show. New social policies were established within a Community framework, underpinned from 1986 by new legislative powers.

The exacerbation of social inequality by working conditions is not the result of the recent economic crisis – it was happening long before. We are in the presence here of a vicious circle whereby disparities in working conditions ultimately create inequalities in employment by undermining the labour market position of rising numbers of people. These inequalities in employment then have a backlash effect on working conditions: the pressure of unemployment and casualization of jobs create competition between workers which speeds up the decline in working conditions.

2012 is the European Year of Active Ageing. There are strong pressures to raise the retirement age and to reduce specific pre-retirement schemes. The point is that, if working conditions do not improve, these pressures will result in increased inequality. An extension of working life has different meanings depending on the rung on which you stand in the job ladder. For the least-favoured groups, the build-up through working life

of poor working conditions often makes it a physical impossibility to go on working. As matters stand at present, a nurse, a building worker, or a cleaner will find it difficult to keep both their job and their health beyond the age of 50 or 55. Adjustment schemes for older workers will not be enough, given the build-up of ill health throughout working life.

Without a significant improvement in working conditions and more control over these conditions by workers themselves, a raising of the retirement age is little better than a cynical ploy for cutting the pensions of those already on the lowest incomes. The pension reforms could well simply widen income gaps at the expense of older workers who, faced with the threat of poverty, may have no other choice than to slog on in a health-destroying job.

The European Commission's current policy underplays the scale of the problem. It is based on a belief in continuous improvement of working conditions, but is severely hobbled by the aim of lightening the burden of legislation on small businesses.

The project of a Social Europe cannot be separated from the commitment to a more cohesive and egalitarian society. When considering the quality of many aspects of social life (including very different issues like health, crime prevention, promotion of education, etc.), the more equal societies almost always do better.

There are many ways to reduce social inequalities. They can be addressed by specific policies dealing with a wide range of fields, and action against gender or ethnic discrimination, education and housing policies, minimum wages, consolidation of social security benefits, redistributive taxation all certainly constitute important tools. Nevertheless, a systematic reduction of social inequality requires a stronger synergy between these specific policies, a higher priority on the political agenda and an autonomous mobilization of collective actors. Collective rights are probably one of the crucial factors for the achievement of a continuous dynamic within society. Regarded from that perspective, the content of the Europe 2020 strategy falls woefully short.